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ASSESSING THE DIFFERENCE WITH RESPECT TO PARENTING STYLES AND COPING STRATEGIES IN PARENTS OF ADHD CHILDREN AND PARENTS WITHOUT ADHD CHILDREN

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Currently, the journal's Achievement is becoming a major international research journal editors and thesis research. We acquire, develop, market and distribute the knowledge through the dissemination of academics and practitioners from around the world. The journal published by maintains the highest standards of quality, integrated newsrooms by researchers around the world.

At last, I would like to thank *RED'SHINE Publication, Pvt. Ltd.* for this keepsake, and my editorial team, technical team, designing team, promoting team, indexing team, authors and well wishers, who are promoting this journal. As well as I also thankful to *Indian Psychological Association* and President *Prof. Tarni Jee* for gives review team, I also thank you to all Indian Psychological Association members for support us. With these words, I conclude and promise that the standards policies will be maintained. We hope that the research featured here sets up many new milestones. I look forward to make this endeavour very meaningful.

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ABSTRACT

The purpose of the study was to assess the difference with respect to parenting styles and coping strategies in parents of ADHD children and parents without ADHD children. Self-report survey data were collected from 30 parents having children without ADHD and 30 parents having children with ADHD. The Independent variable being parents of the two groups was divided into parents having children with ADHD and parents having children without ADHD. There were two dependent variables; parenting styles and coping strategies which were further divided into authoritarian style and permissive style of parenting and problem focused coping strategy and emotion focused coping strategy. The COPE Inventory and the Parenting Style's and Dimensions Questionnaire were used to measure coping strategies and parenting styles in the two groups. The results of the t-test for authoritarian style of parenting between the two groups was 0.888 at df = 58, $p < 0.05$ level, which was found to be significant. The results of the t-test for permissive parenting style between the two groups was -1.968 at df = 58, $p < 0.05$ level, this was also significant. The results of the t-test for Problem focused coping strategy between the two groups of parents was -1.649 at df = 58, $p > 0.05$ level, this was not significant. The results of the t-test for Emotion focused coping strategy between the two groups of parents was 8.171 at df = 58, $p < 0.05$ level, the obtained was significant. The findings indicate that parents of children with ADHD use more emotion focused coping strategies as compared to parents of children without ADHD and parents having children with ADHD use more authoritarian parenting and less permissive parenting as compared to parents of children with ADHD.

Keywords: *ADHD, Parenting styles, Coping strategies.*

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder characterized by a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs in academic, occupational, or social settings. According to the Diagnostic and Statistical Manual-IV (DSM-IV), (APA 2000), the basic characteristic of ADHD is "A persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development" (APA 1994). According to Wallis (1994), the distinguishing features of ADHD are "An almost reckless impulsiveness, and sometimes, a knee-jiggling, toe-tapping hyperactivity that makes sitting still all but impossible".

An estimated 5 percent of children and 2.5 percent of adults have ADHD (APA 2000). ADHD is often first identified in school-aged children when it leads to disruption in the classroom or problems with schoolwork. It can also affect adults. It is more common among boys than girls. Many ADHD symptoms, such as high activity levels, difficulty remaining still for long periods of time and limited attention spans, are common to young children in general. The difference in children with ADHD is that their hyperactivity and inattention are noticeably greater than expected for their age and cause distress and/or problems functioning at home, at school or with friends.

ADHD is diagnosed as one of three types: inattentive type, hyperactive/impulsive type or combined type. A diagnosis is based on the symptoms that have occurred over the past six months. Problems with attention include making careless mistakes, failing to complete tasks, problems staying organized and keeping track of things, becoming easily distracted. Problems with hyperactivity can include excessive fidgetiness and squirminess, running or climbing when it is not appropriate, excessive talking, and being constantly on the go. Impulsivity can show up as impatience, difficulty awaiting one's turn, blurting out answers, and frequent interrupting. The characteristics researchers have identified to be indicative of ADHD in children can have immediate and long term effects on the individual as he/she interacts with their environment. Each of these diagnoses presents unique and huge challenges for parents. Although parents often worry that something may be wrong with their child, the majority of parents are not prepared for a reality where something is wrong with their child. Parents of children with Developmental Disabilities are thus at increased risk for mental health problems and compromised well-being. Caring for children with ADHD can become financially, emotionally, and physically burdensome, particularly if parents lack the appropriate skills and parenting strategies to enhance the child's ability to progress developmentally and academically in society (Hoffman et al. 2010).

How parents react to this stress depends on a variety of individual, family, and environmental factors. Some families may view the situation as uncontrollably threatening, while others may view the added stress as a challenge and become stronger in the process (Mccubbin and Patterson (1983); D. Reiss and Oliveri (1983); Schilling, Gilchrist, and Schinke (1984)). Some parents will experience a variety of intense emotions including initial shock, numbness, denial, guilt, fear, and anger (Featherstone 1980). The parents' feelings toward their child will influence their ability to cope and also have an effect on how the child and family

members react to the child's disability (Callanan (1990); Kwai-Sang Yau and Li-Tsang (1999); Rose (1987)). The sense of stress may be associated with a child's characteristics, (Bailey and Simeonsson (1988); Beckman (1983)), greater financial and care-giving demands (Ambert (1992); Kazak and Wilcox (1984); Laplante et al. (1996); Minnes (1988)), feelings of being unprepared for the tasks of parenting (Scott et al. 1989), and a sense of loneliness and isolation (Featherstone (1980); Kazak and Wilcox (1984)).

Coping strategies can be of two types broadly; problem-focused or emotion-focused. Problem-focused strategies involve actively problem-solving and seeking social support (Judge et al. 1998). The emphasis is on overt behaviour and dealing directly with the situation. In contrast, emotion-focused strategies may involve detachment from the situation, controlling one's feelings, wishing the problem away, and self-blame for the situation (Judge et al. 1998). Here the emphasis is on regulating emotion elicited by the situation. Research has found that those who consistently use problem-focused strategies, compared to emotion-focused strategies, experience less stress and psychological difficulties (Lazarus and Folkman 1984).

Parenting styles are also an important indicator towards a child's well-being. The importance of research regarding parenting styles is highlighted by the fact that a child with ADHD may have a negative effect on parenting styles, since the lack of reciprocal relationships and the communication deficits may decrease parental warmth and increase more protective and controlling behavior of parents. In turn, negative parenting styles may increase the child's (additional) behavioural problems. For example, an association has been found between suboptimal parenting and more tough problems, social problems, inattentive, hyperactive, disruptive and maladaptive behavior in children with ADHD. Baumrind has conceptualized various parenting styles, including the authoritative, authoritarian, and the permissive parenting style. The authoritative parenting style is characterized by a large amount of control and high responsiveness of the parents toward the child. Parents express affection, approval and acceptance towards their child, and set reasonable rules adapted to the wishes and needs of their child. The authoritarian parenting style is also characterized by a large amount of control, but little responsiveness of the parents towards the behavior of the child. These parents dominate the child and his/her behavior, do not explain rules to the child and are insensitive to the child's needs or displaying hostile or a negative attitude towards the child. In comparison with the authoritative parenting style, parents with a permissive parenting style are also responsive and give the child a lot of positive attention. However, these parents tend to use little control and adjust their parenting behavior very much to the wishes of their child. It has been shown that little control in combination with less responsiveness (permissive parenting style) or a large amount of control in combination with less responsiveness (authoritarian parenting style) are important risk factors for the cognitive and social development (e.g., lower self-concept and lower locus of control, lower math and reading scores, less proficient psychosocial competence and maturity) in typically developing children, but also in children with psychopathologies. Although a large amount of control (authoritarian parenting style) may be positive for a child with ADHD, since the rules are

strict and clear, the insensitivity for the child's needs and the tendency to react hostile towards the child may not be very beneficial.

Statement of Purpose

The research problem addressed in this study is "Assessing the Difference with Respect to Parenting Styles and Coping Strategies in Parents of ADHD Children and Parents without ADHD Children."

Rationale of the Study

The relationship between parent and child is one of the major determinants of a person's potential in becoming a productive human in society. Parents' of children diagnosed with ADHD have a greater challenge to help guide and influence their children, as he or she learn to adapt to societal norms (Ryan, Boxmeyer, and Lochman 2007). Parenting styles can have a negative or positive influence on how children develop into adulthood (Rasmussen and Anderson (2009); Baumrind (1991)). The implications of negative parenting styles on a child's ability to become a positive member of society may impact society on many different levels (Kerns, Eso, and Thompson (1999); Ryan, Boxmeyer, and Lochman (2007)). This is evident when parenting children who exhibit ADHD behaviours. With the continued emphasis in society on improving education and decreasing child abuse by protecting our children, the need for greater understanding of the relationship between parenting styles and levels of ADHD symptoms might be the positive influence necessary in developing parenting and treatment programs, reducing improper treatment of children with ADHD behaviours. This study will add to the psychological research that exists on parenting children diagnosed with ADHD, and add to the existing literature that addresses the relationship between parenting styles and levels of ADHD symptoms. The social change implications of this study are that the knowledge gained as a result of this research can be used to develop parenting and treatment programs for parents with children diagnosed with ADHD who struggle to positively influence their children behaviours and to enhance already existing programs aimed at preventing child abuse and increase the quality of education, while decreasing the financial strain on academic programs in our country as they address children diagnosed with ADHD and special needs.

According to Lazarus and Folkman (1984), the effectiveness of coping is likely to be reduced if the preferred style of coping conflicts with the prescribed style of coping. If such a conflict exists, the prescribed coping strategies may be used reluctantly. Further, conflicts between a person's preferred style of coping and the prescribed style of coping can increase distress. For example, "For people who prefer avoidance, to be given information or a role in their treatment can increase distress, and conversely, not involving them in a situation can increase distress for those who prefer vigilance or confrontation" (Lazarus and Folkman 1984). Based on Lazarus and Folkman's theory, then, one way to increase coping effectiveness might be to take the parent's preferred coping strategies into consideration in the parent training programs. This study aims to explore effectiveness of various coping strategies and resources among parents then identify if there is a unique coping and resource profile for parents of children with the diagnoses and the impact of these differences on parental outcomes.

Ultimately, it is hoped that this research will inform treatment and services for parents of children with developmental disabilities as well as for their children so that the therapist and client can work collaboratively to reduce the potential for conflict between prescribed styles of coping and preferred styles of coping.

Theoretical Perspectives

ADHD is described by APA (2000) as a persistent pattern of inattention, including hyperactivity and impulsivity. The purpose of this study was to explore the possible relationship between parents' perceptions of their parenting styles (authoritarian, authoritative, uninvolved and permissive) and their child's level of ADHD symptoms (hyperactivity/impulsivity and inattention). The various coping strategies parents adopt while dealing with their children having ADHD were also investigated into.

Social Learning Theory

This is one of the most influential models of parent–child relationships, and closely associated with the ideas and findings of Bandura (Bandura 1977). Social learning theory argues that children's real-life experiences and exposures directly or indirectly shape their behaviour. For G. R. Patterson (1969) and many others there is a focus on traditional behavioural principles of reinforcement and conditioning. The fundamental tenet is that moment-to-moment exchanges are crucial; if a child receives an immediate reward for his/her behaviour, such as getting parental attention or approval, then he/she is likely to do the behaviour again, whereas if she/he is ignored (or punished) then she/he is less likely to do it again. Other advocates have expanded this focus to consider the cognitive or 'mindful' processes that underlie the parent's behaviour (Bugental, Mantayla, and Lewis (1989); Dix (1992)) and its effects on children (Dodge et al. 1995). Whether the assessment and conceptual focus is on behaviour or cognitions, the model suggests that children learn strategies about managing their emotions, resolving disputes and engaging with others not only from their experiences, but also from the way their own reactions were responded to. For younger children especially, the primary source of these experiences is in the context of the parent–child relationship and the family environment.

Baumrind's Concept of Parenting Styles

The dominant model in research on parent–child relationships is most loosely associated with the early work of Diana Baumrind in the 1960s (Baumrind 1991) and has been elaborated on by several subsequent teams of investigators (Ee and Ja (1983); Steinberg et al. (1994), Hetherington, Henderson, and Reiss (1999)). Baumrind, in her naturalistic study of interactions between parents and young children, described important dimensions of parenting. These were warmth (as opposed to conflict or neglect) and control strategies. Parenting typologies were, thus, constructed from a cross of warmth, conflict and control: 'authoritative' (high warmth, positive/assertive control and in adolescence high expectations), 'authoritarian' (low warmth, high conflict and coercive, punitive control attempts), 'permissive' (high warmth coupled with low control attempts) and 'neglectful/disengaged' (low warmth and low control). These four typologies have been repeatedly associated with child outcomes. Children and adolescents of authoritative parents are consistently described

as most prosocial, academically and socially competent, and least symptomatic. Children whose parents are described as authoritarian, permissive and disengaged show significantly worse outcomes, with children of authoritarian parents showing typically the most disturbed adjustment of the four parenting types.

Attachment Theory

Attachment theorists have developed a model of parent–child relationships from a broad theoretical base that includes ethology, cognitive psychology and control systems (Bowlby J (1969); Ainsworth et al. (1978); Cassidy and Shaver (1999)). John Bowlby was particularly interested in identifying the nature, significance and function of a child's tie to his/her parent. Although the theory had its roots in clinical observations of children who experienced severely compromised, disrupted or deprived care giving arrangements, it has been applied as a model for normal and abnormal development. Attachment theory is concerned with fundamental issues of safety and protection; in psychological terms, it focuses on the extent to which the relationship provides the child with protection against harm and with a sense of emotional security. The theory proposes that the quality of care provided to the child, particularly sensitivity and responsiveness, leads to a 'secure' (optimal) or 'insecure' (non-optimal) attachment. Attachment theorists use the term 'pathway' to make explicit that early attachment experiences do not shape subsequent development in a deterministic manner (Bowlby J 1969). Insecure attachment it is not synonymous with disturbance and a secure attachment does not guarantee against disturbance. We know, however, that a particular form of insecure attachment in infants and young children termed 'insecure-disorganised' is strongly related to risk for psychopathology and is a marker of particular risk in the care giving environment (L.-R. K and D (1999); Greenberg (1999)). Attachment relationships are internalised and carried forward to influence expectations for other important relationships. A history of consistent and sensitive care with the parent is therefore expected to lead to the child developing a model of self and others as loveable and loving/helpful. Effective attachment-based interventions have been developed and validated for a range of clinical problems (Ganiban, Barnett, and Cicchetti (2000); Bakermans-Kranenburg et al. (2003)).

Ego/Psychology Model

The ego/psychology model is based upon the notion that unconscious processes, or defence mechanisms, are used to manage instinct and affect. According to this model, defence mechanisms are ranked hierarchically. The highest, or most mature level of defences, includes sublimation, altruism, and humour. The next lower level includes neurotic mechanisms such as intellectualization, repression, and dissociation. The next lower level includes immature mechanisms such as fantasy, hypochondriasis, and acting out. The most primitive defences include psychotic mechanisms such as denial of external reality and delusional projection. According to this model, coping is defined as the use of the higher level, or more mature, defence mechanisms (S. 1992).

Lazarus and Folkman's Theory

Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioural efforts to manage external or internal demands appraised as taxing by the

individual". The functions of coping are to manage both the problem and the associated emotional distress. Emotion-focused coping refers to those efforts directed toward managing the emotional distress related to the problem, whereas problem-focused coping refers to those efforts which are directed toward managing the problem. Further, according to S. (1992), coping is viewed as a process, and the way people cope changes:

1. As the stressful situation ‘unfolds’
2. As the context changes
3. Depending on a person’s judgement of whether they have some control over the situation (secondary appraisal), and
4. Depending on what is at stake (primary appraisal)

REVIEW OF LITERATURE

Coping Strategies

The study aimed to investigate the quality of life and adjustment mechanisms in parents of children with ADHD and it was done by Cappe et al. (2017). It was found that ADHD in children negatively affected parents' quality of life, especially their psychological well-being and personal fulfilment. Family and couple relationships, as well as daily life activities, were also affected. The severity of the disorder, perceiving the situation as a threat or a loss, feeling guilty and holding on to irrational beliefs were related to emotion-focused coping strategies and to a poorer quality of life. Furthermore, hyperactivity index and stress ratings relative to perceiving the situation as a threat or a loss, and adopting emotion- focused coping strategies, predicted poorer quality of life.

The study by Tajalli et al. (2011) to measure the comparison of Coping Strategies Used by Mothers of Children With/Without ADHD. Fifty Iranian mothers of children aged 6 to 12 participated in this study (25 mothers of children with ADHD and 25 mothers of children without ADHD). t-test was used for analyzing data. It was found that problem solving as a coping strategy employed was significantly different between the two groups. This strategy was more commonly used among mothers of children without ADHD.

The study by Sullivan (2007) investigated the coping strategies used by single mothers of children with ADHD. Results of this study suggested that mothers of children with ADHD used a variety of coping strategies that included: Utilizing behaviour management techniques, engaging in activities which have the potential to prevent stressful situations, utilizing self-calming, engaging in self-nurturing activities, developing and maintaining social supports, utilizing inappropriate parenting strategies, and engaging in activities that result in immediate self-gratification for the mother.

Mitchell (2006) conducted a study on parents stress and coping with their children's Attention Deficit Hyperactivity Disorder. This study sought to understand which constructs (i.e. social support and coping strategies, either alone or in combination) predict the quality of life. A total of 579 participants participated in the study from six sites. It was found that parents having children with ADHD used restraint as an appropriate method for discipline. Parents who reported using restraint as an adaptive coping strategy refrained from punishing or arguing with their ADHD children. They considered the source of the misbehaviour as the disorder and not the children themselves.

The comparative study By Mashego (2005) on the Coping strategies of African mothers and white mothers of children diagnosed with behavioural problems found that White mothers (control group) of children with behavioural problems coped better than the Black mothers (experimental group). Age of the mothers and the mothers' perception of the level of health significantly influenced scores on the Coping Scale. As the mothers' ages decreased, their scores on the Coping increased (they coped better) and as the perceived level of health increased (more positive), the Coping score increased. However, Black mothers have more support than their control group. It was also found that the Black mothers' use of external

locus of control in their explanations of the causes of their children's problems led to a number of feelings in the mothers. Feelings for example, of not being in control of the situation, feelings of dissatisfaction with family life, decreased motivation together with feelings of guilt and self-blame. This study is essential as it points out that there are differences in coping strategies across cultures and this must be kept in mind while counselling.

The study by McClearly (2002) analyzed theories of parenting stress; stress, appraisal, and coping theory; and the research literature about parenting and ADHD, with a focus on relevance for social work practice. In summary, the literature indicated that a number of therapeutic interventions with parents may be effective, including comprehensive assessment of sources of stress; providing information about adolescent development, ADHD, and the range of ADHD treatments; including education for the extended family; and parenting skills training.

The purpose of the study done by Walsh (1998) was to examine the coping strategies that parents used in a stressful yet 'successful' interaction with their child who had been diagnosed with ADHD. These coping strategies were viewed as potential predictors of parenting sense of competence. Multiple regression analyses were conducted and the results revealed that the parents did not avoid the stressful situation, but instead took some action to manage the situation.

The aim of the study done by Bullard (1996) was to identify the parental perceptions regarding the impact of ADHD child behaviour on personal and family functioning and to describe parental perceptions regarding strategies used to cope with the ADHD behavior and the stress related to it. The overriding themes that were identified were: The ADHD child's erratic behavior-the severity, the unpredictability, and the number of years of occurrence make this particularly stress producing for both the child and the family. Altered relationships-marital, sibling, extended family, and casual relationships were all described as changing as a result of parenting an ADHD child. Social isolation-parents described having fewer visitors to their home and curtailing activities away from the home due to their embarrassment regarding the child's behavior, disapproval from others, and the demands of parenting an ADHD child. Emotional upheaval-intense feelings of frustration, embarrassment, worry, guilt, hopelessness, and exhaustion surfaced repeatedly in the interviews. Coping repertoire-parents described using a wide variety of both problem focused and emotion focused coping strategies. However, in spite of these they discussed parenting an ADHD child as being extremely stressful or 'an unremitting struggle' which was identified as a mega theme of the study.

In a study conducted by Langley (1996) on stress and Coping in Parents of Children with Attention Deficit Hyperactivity Disorder (ADHD) twenty-three parents of children with ADHD and 27 parents of children without ADHD were recruited through newspaper advertisements. It was found that parents coped with stress by using behaviour management, self-care, social support, focusing on positive aspects of life, seeking information, avoiding

and not wishing away difficult situations. There were no parent gender or group differences based on problem and emotion-focused strategies.

The study on maternal perceptions of problem behavior, emotional stress, and coping behavior in parenting children with attention and behavior problems by Furrow (1993) indicated that a maternal experience of daily parenting hassles (e.g. sibling arguments, cleaning up after children) were influential in mothers' perceptions of their son's problem behaviours. An increase in the frequency of daily parenting hassles and maternal reports of depressive symptoms were influential in predicting higher levels of parental stress in the sample. Family related resources, such as family functioning and parental support, were not influential in maternal perceptions of problematic child behavior. These family resources did not influence mothers' ratings of parental stress. Furthermore, parental stress was influential in maternal perceptions of the families' repertoire of responses for coping with family problems. The environmental and emotional strains associated with parenting a child with Attention Deficit Hyperactivity Disorder are influential in maternal perceptions of overall family coping response.

Parenting Styles

A study conducted by Cop and Sengal (2017) on the association Between Parenting Styles and Symptoms of ADHD found that while children with ADHD perceive their parents as less repudiate and supervisory, mothers reported a more disciplinary and less democratic attitude.
The co-occurrence of ADHD symptoms with other psychopathology in young adults with parenting style as a moderator by Chang and Shur-Fen (2015) revealed parental care was negatively associated and parental overprotection/control positively associated with the psychiatric symptoms. Furthermore, significant interactions were found of parenting styles with both threshold and sub-threshold ADHD in predicting wide-ranging co-morbid symptoms. Specifically, the associations of ADHD with some externalizing symptoms were inversely related to level of paternal care, while associations of ADHD and sub-threshold ADHD with wide-ranging co-morbid symptoms were positively related to level of maternal and paternal overprotection/control. These results suggest that parenting styles may modify the effects of ADHD among incoming college students.

The study analysing the relations between Parenting Stress, Parenting Style, and Child Executive Functioning for Children with ADHD or Autism by Hutchison et al. (2016) revealed that children with ADHD or autism spectrum disorder had more executive functioning deficits, and their parents reported more parenting stress and a greater use of permissive parenting, compared to typically developing children. In general, increased parenting stress was associated with greater use of authoritarian and permissive parenting styles, as well as more problems with behaviour regulation for children. Authoritarian and permissive parenting styles were associated with poorer child executive functioning.

In one study by Tancred and Greeff (2015) on mothers' Parenting Styles and the Association with Family Coping Strategies and Family Adaptation in Families of Children with ADHD. Significant positive correlations were found between dimensions of the mothers' having

children with ADHD and authoritarian parenting style. In the study comparing parenting styles of children with ADHD and normal children done by Moghaddam et al. (2013) it was found that the parents of ADHD children have lower permissive score than the normal group, but authoritarian score was lower in the normal group. The authoritative score has no significant difference between the two groups. In addition, age, gender, and parent's education affected the parenting styles. The results indicated that parents of children with ADHD are less permissive but more authoritarian in their parenting.

The study by Hunt (2017) on the associations between parenting styles, ADHD symptoms, and homework problems found that parents who had high scores on the authoritative scale had children with more ADHD Inattentive and ADHD Combined symptoms than did parents who had lower scores on the authoritative scale. Results also indicated that higher scores on the authoritative scale were associated with a greater number of homework problems. These findings indicate that authoritative parenting may contribute to ADHD symptom presence and to homework problems in male children.

The study on Attention Deficit Hyperactivity Disorders from reports from Radboud University Provide New Insights into Attention Deficit Hyperactivity Disorders published by NewsRx in 2013 revealed that fathers and mothers scored significantly higher than the norm data of the PSDQ on the permissive style regarding affected children, and lower on the authoritative and authoritarian parenting style for affected and unaffected children. Self- and spouse-report correlated modestly too strongly. Further, two parent-child pathology interaction effects were found, indicating that fathers with high ADHD symptoms and mothers with high ASD symptoms reported to use a more permissive parenting style only towards their unaffected child.

The purpose of the study by Afua (2012) was to examine how parents' self reported perceptions of their parenting style relates to ADHD symptoms in their children. This quantitative study used an archival database of one hundred parents seeking services for their child's ADHD symptoms. A multivariate analysis of variance revealed no significant difference in parents' self-reported perceptions of their parenting styles and their child's hyperactivity/impulsivity and inattention symptoms.

The aim of the study was to compare parenting stress and parenting styles among Mothers with ADHD children and normal children and it was done by Yousefia, Soltani, and Abdolahian (2011). It was found that authoritative parenting style of the mothers of ADHD children is more than the mothers of normal children. These findings approve Barkley's view (1988) that the negative, demanding and critical behaviour of the parents are a reaction against ADHD disorder.

The purpose of the study by Ellis and Nigg (2010) was to examine the relations of ADHD diagnosis and symptom domains with parenting practices. It was found that there was maternal inconsistent discipline associated with ADHD combined type, even with ODD, CD, and parent ADHD symptoms controlled. Paternal low involvement was associated with

ADHD regardless of subtype, even with ODD and CD co-varied; however, the effect was marginal when paternal ADHD was co-varied. In dimensional analysis of symptom counts, maternal inconsistent discipline was related to all behavior domains. Paternal low involvement and inconsistent discipline were related uniquely with child inattention and not other behavioural domains.

The aim of the study done by Banks et al. (2008) was to examine parenting self-esteem, locus of control, and disciplinary styles in a community sample of mothers with varying levels of ADHD symptoms. Women with high levels of ADHD symptoms reported more occupational and psychiatric problems than women with lower levels of ADHD symptoms. They also reported lower parenting self- esteem, a more external parenting locus of control, and less effective disciplinary styles. The findings suggest that women with ADHD symptoms may face a number of difficulties within the parenting domain.

The aim of the study on parenting predictors of anxiety in children with ADHD by Moulton (2005) was to examine differences in parents' global child rearing styles, and attributions, emotions, and discipline practices in response to children's problematic behaviours between parents of children with and without ADHD. It was found that parents of children with ADHD were less authoritative in their parenting beliefs, experienced greater negative affect, and used more power assertive discipline practices than parents of children without ADHD. In addition, these parents were more likely to attribute their children's behaviours to internal causes but beyond their children's control, and to believe that these behaviours were more stable and global than parents of children without ADHD.

The study done by Villegas and M (1999) examined parenting cognitions and disciplinary styles in a community-based sample of women with and without ADHD symptoms. It was found that women with ADHD symptoms reported high levels of hostility, anxiety, and interpersonal problems. Findings suggested that maternal ADHD symptoms were related to ineffective parenting cognitions and disciplinary styles, and that these relationships were moderated by co morbid psychopathology. These findings, suggest that women with ADHD face a number of difficulties within the family setting. The findings suggested that women with ADHD may benefit from anger management training, as well as parent training.

METHODOLOGY

Hypotheses

Following hypotheses were investigated:

1. There will be a difference in the coping strategies used by parents of children with ADHD as compared to parents of children without ADHD.
    1. Parents of children without ADHD use more problem-focused coping strategies as compared to parents of children with ADHD.
    2. Parents of children with ADHD use more emotion-focused coping strategies as compared to parents of children without ADHD.

2. There will be a difference in the parenting styles used by parents of children with ADHD as compared to parents of children without ADHD.
    1. Parents of children with ADHD use more authoritarian parenting style as compared to parents of children without ADHD.
    2. Parents of children without ADHD use more permissive parenting style as compared to parents of children with ADHD.

Variables Studied

- Independent Variables
  1) Parents
      a. Parents having children with ADHD
      b. Parents having children without ADHD

- Dependent Variables
  1. Parenting Styles
     i. Authoritarian Parenting Style
     ii. Permissive Parenting Style
  2. Coping Strategies
     i. Problem Focused Coping Strategy
     ii. Emotion Focused Coping Strategy

Operational Definitions

1. **Attention deficit hyperactivity disorder**
   A behavioral condition that continuously impairs an individual's ability to focus, attend to daily tasks, and listen to commands. A persistent pattern of inattention, including hyperactivity and impulsivity (APA 2000).
2. **Parent styles**
   Parenting styles according to Baumrind (1991) and other developmental psychologists (Ee and Ja 1983), is the degree and patterns used by parents to control their children.
3. **Authoritarian parenting style**
   One of the parenting styles identified by Baumrind (1991). Parents with this type of parenting style tend to be highly directive, structure oriented and demanding, yet lack the ability to respond to their child's needs.

4. **Permissive parenting style**
   One of the parenting styles identified by Baumrind (1991). Parents with this type of parenting style tend to be permissive and lenient, while others are non-directive in their ability to respond to their child's needs.
5. **Coping**
   In psychology, coping means to invest own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize or tolerate stress and conflict.
6. **Coping Strategy**
   Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.
7. **Problem-focused coping**
   Problem focused coping strategies (Lazarus and Folkman 1984) refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.
8. **Emotion-focused coping**
   Emotion-focused coping (Lazarus and Folkman 1984) focuses on emotions rather than one's beliefs or actions as a means of making an unpleasant situation more tolerable.

Control Variables

Inclusion Criteria

1. Parents having children with ADHD.
2. Parents having children without any psychological disabilities.
3. Parents of children ages 4–17 years.
4. Residing in Mumbai.

Exclusion Criteria

1. Parents who are single are not part of the study.
2. Unfamiliarity with English language.
3. Not residing in Mumbai.
4. Not meeting the age criteria.

Other Controls

1. The scales were administered in a peaceful atmosphere with minimal noise and distractions.
2. It was administered in person or through email.

Design

The research is a survey research using a between groups design with 1 independent variable having 2 levels and 4 dependent variables.

Sample and sampling method

1. Sample size: 60 Parents (30 parents having children with ADHD, 30 parents having children without ADHD)

2. Age range: Parents of children ages 4–17 years
3. Sampling technique: Convenience sampling

Research Instruments

Parenting Styles and Dimensions Questionnaire by Robinson C., Mandleco B., Olsen F. and Hart C., 2001: It is a 30 item scale and responses, which are in likert format, range from 1 (never) to 5 (always). The scoring is done by summing up the responses on the authoritative, authoritarian and permissive dimensions. Reliability is high as can be seen by Cronbach's alpha which was. 91. Validity is unknown since the test has never been cross validated. From this scale only the authoritarian parenting style and permissive parenting style were researched upon. Both the scales have been found to have reliability of .90.

COPE Inventory by Carver, 1997: It is a 60 item scale and responses, which are in likert format, range from 1 (I usually don't do this at all) to 4 (I usually do this a lot). The scoring is done by summing up the responses on the problem focused and emotion focused dimensions. Reliability is high as can be seen by Cronbach's alpha which was . 79. Validity is unknown since the test has never been cross validated. From this scale only problem focused coping, emotion focused coping and substance use coping scales were researched upon. The reliability of the all the scales was found to be more than .70.

Procedure

This study was conducted in the city of Mumbai. The participants were given an envelope consisting of a form for demographic details, a consent form, and a copy of the COPE and PSDQ. Initials of the names of the participants were used so as to preserve their anonymity. The data collection was done in person and through email. The analysis was done using independent measures t-test. This is done when the population means are significantly different from each other, using the means from randomly drawn samples. Since there is one independent variable having two levels the independent measures t-test was used. It is applied to compare whether the average difference between two groups is really significant or if it is due instead to random chance.

Ethical Considerations

The research participants were first provided with the Informed consent form and only after seeking informed consent form, socio-demographic profile form was handed to them. The research participants were explained the kind of questions that were asked to them in order to reduce discomfort and would be informed that there was no potential risks or threats to them while participating in this research study. Confidentiality was maintained with regards to the information provided by them.

RESULTS

This study was done to identify whether there was a significant difference with respect to coping strategies and parenting styles used by parents having children with ADHD and comparing them to parents having children without ADHD. 30 participants from the parents having children without ADHD were given the survey via an online form. 30 participants from parents having children with ADHD were purposively selected from resource rooms of hospital and private child developmental organisations. The data was collected from parents having children from the age range of 4-17 years. The researcher provided information to the organizations and parents regarding the objective of the research, scales and the principle of confidentiality. The data was collected using the survey method. The COPE Inventory and the Parenting Styles and Dimensions Questionnaire were administered on each of the parent. The standardized instructions were provided before the administration.

The result of the collected data was quantitatively analyzed. There is one independent variable having two levels: Parents having children with ADHD and Parents having children without ADHD. The inferential statistics used is independent measures t-test. The analysis of data was done using SPSS.

Descriptive Statistics of the variables

Problem Focused Coping Strategy

Descriptive Statistics for Problem Focused Coping Strategy

Variables	Range	Mean	SD
Problem Focused Coping Strategy (Normal)	31-63	45.70	7.03
Problem Focused Coping Strategy (ADHD)	22-57	41.80	10.88

The descriptive statistics described in Table [table:descriptive-problem focused] revealed that the mean value for the participants in the normal group for problem focused method of coping was 45.70 with a standard deviation of 7.03. Moreover, scores ranged between 31 to 64 in the COPE Inventory of which the possible score range from 16 to 64.

The data revealed the mean value for the participants in the ADHD group for problem focused method of coping was 41.80 with standard deviation of 10.88. Moreover, scores ranged between 22-57 in the COPE Inventory of which the possible score range from 16 to 64.

Emotion Focused Coping Strategy

Descriptive Statistics for Emotion Focused Coping Strategy

Variables	Range	Mean	SD
Emotion Focused Coping Strategy (Normal)	23-47	34.07	6.005
Emotion Focused Coping Strategy (ADHD)	23-64	50.53	9.26

The descriptive statistics of the data in Table [table:descriptive-emotion focused] show that the mean value for the participants in the normal group for emotion focused method of

coping was 34.07 with a standard deviation of 6.005. Moreover, scores ranged between 23-47 in the COPE Inventory of which the possible score range from 16 to 64.
The mean value for the participants in the ADHD group for emotion focused of coping was 50.53 with standard deviation of 9.26. The COPE Inventory scores ranged from 23-64 of which the possible score ranges from 16 to 64.

Authoritarian Style

Descriptive Statistics for Authoritarian Style

Variables	Range	Mean	SD
Authoritarian Style (Normal)	1.08-3.75	1.98	0.657
Authoritarian Style (ADHD)	1-3	2.11	0.519

The descriptive statistics described of the data described in Table [table:descriptive-authoritarian style] revealed that the mean value for the participants in the normal group for authoritarian style was 1.98 with standard deviation of 0.657. Moreover, scores ranged between 1.08-3.75 in the Parenting Styles and Dimension Questionnaire of which the possible score range from 1-5.

The mean value for the participants in the ADHD group for authoritarian style was found to be 2.11 with standard deviation of 0.519. The scores ranged between 1-3 in the Parenting Styles and Dimension Questionnaire of which the possible score range from 1-5.

Permissive Style

Descriptive Statistics for Permissive Style

Variables	Range	Mean	SD
Permissive Style (Normal)	1-4.20	2.27	0.749
Permissive Style (ADHD)	1-2.80	1.93	0.566

The descriptive statistics of the data described in Table [table:descriptive-permissive style] show that the mean value for the participants in the normal group for permissive style was 2.27 with standard deviation of 0.74. Scores in the Parenting Styles and Dimension Questionnaire ranged from 1-4.20 of which the possible scores range from 1-5.

The data revealed that the mean value for the participants in the ADHD group for permissive style was 1.93 with standard deviation of 0.566. Moreover, scores ranged between 1-2.80 in the Parenting Styles and Dimension Questionnaire of which the possible score range from 1-5.

Substance Abuse

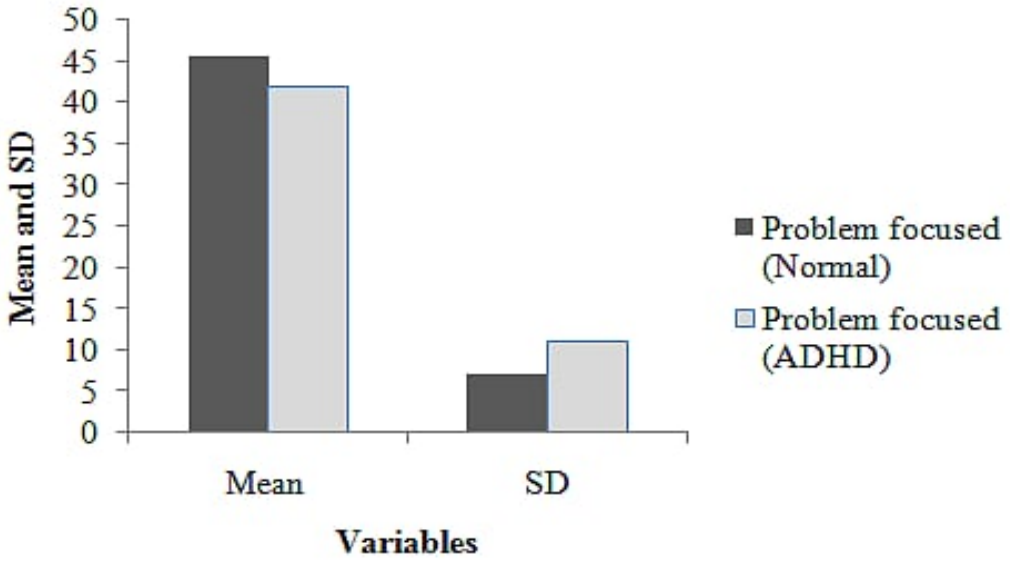
Descriptive Statistics for Substance Abuse

Variables	Range	Mean	SD
Substance Abuse (Normal)	4-12	6.60	2.387
Substance Abuse (ADHD)	4-14	8.90	2.783

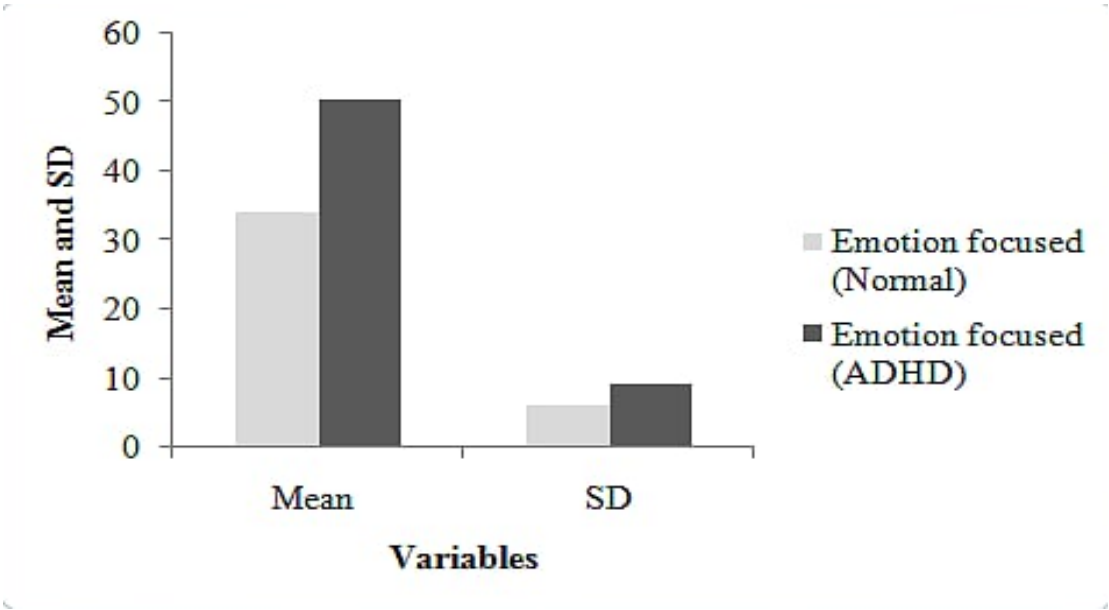
The descriptive statistics of the data described in Table [table:descriptive-substance abuse] revealed that the mean value for the participants in the normal group for substance use was 6.6000 with standard deviation of 2.38. The scores in the COPE Inventory ranged from 4-12 of which the possible score range from 4-16.

The descriptive statistics of the data revealed that the mean value for the participants in the ADHD group for substance was 8.9000 with standard deviation of 2.78. Moreover, scores ranged between 4-14 in the COPE Inventory of which the possible score range from 4-16.

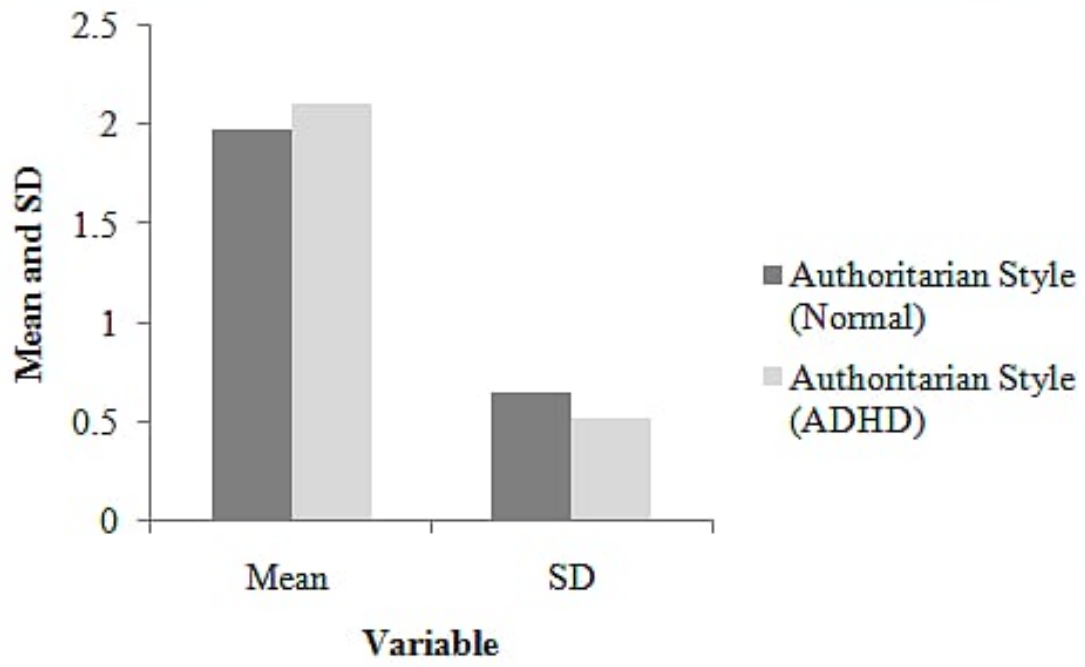
Comparison of mean and SD for problem focused method of coping strategy.



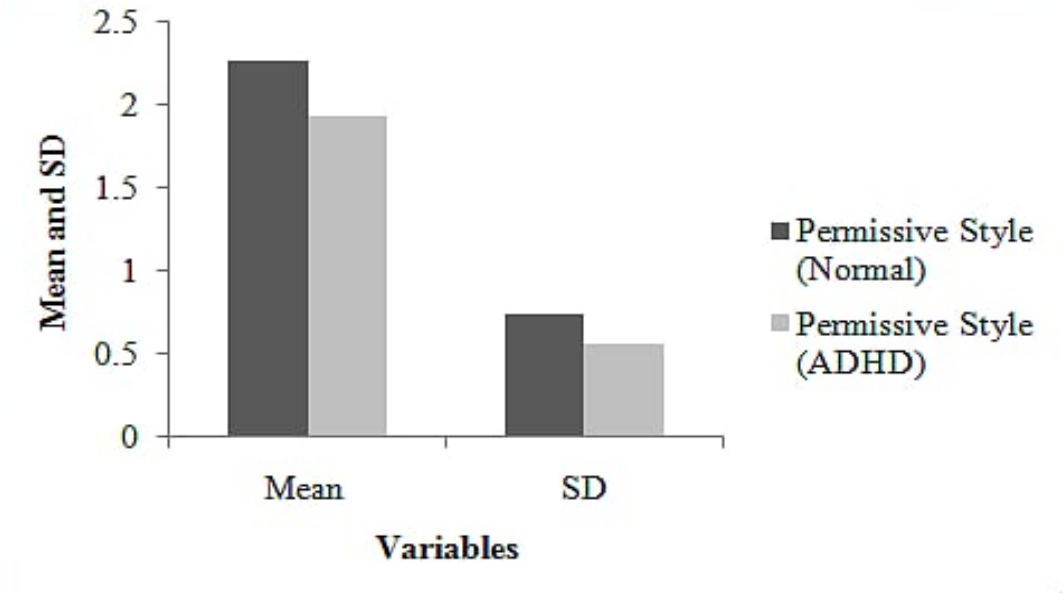
Comparison of mean and SD for emotion focused coping strategy.



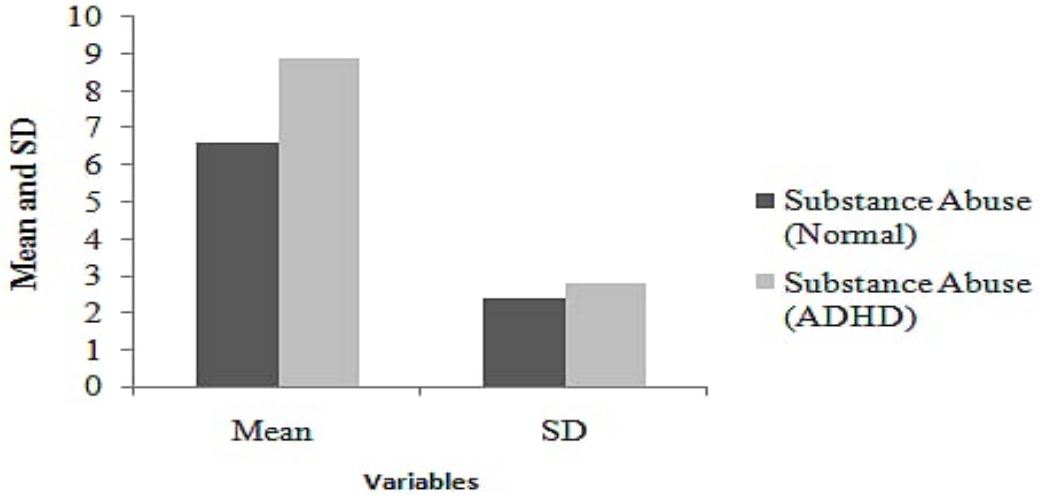
Comparison of mean and SD for authoritarian style of parenting.



Comparison of mean and SD for permissive style of parenting.



Comparison of mean and SD for use of substances as a method of coping.



Assessment of Normality

Before performing t-test, normality and homogeneity were checked. Skewness and kurtosis values were examined on the total population to check the normality of dependent variables.

Problem Focused Coping Strategy

Normality Test for Problem Focused Coping Strategy

Variables	Skewness	Kurtosis
Problem Focused Coping Strategy (Normal)	-0.184	-0.393
Problem Focused Coping Strategy (ADHD)	-0.378	-0.903

Results revealed for normal population as in Table [table:normality-problem focused] for problem focused method of coping the Skewness value was -0.184 and the Kurtosis value was -0.393. Results revealed for ADHD population for problem focused method of coping the Skewness value was -0.378 and the Kurtosis value was - 0.903.

Emotion focused Coping Strategy

Normality Test for Emotion Focused Coping Strategy

Variables	Skewness	Kurtosis
Emotion Focused Coping Strategy (Normal)	0.388	-0.058
Emotion Focused Coping Strategy (ADHD)	-0.937	1.302

The Skewness and Kurtosis value for normal population as in Table [table:normality-emotion focused] for emotion focused method of coping was 0.338 and -0.058 respectively. The Skewness and Kurtosis value for ADHD population for emotion focused method of coping was -0.937 and 1.302 respectively.

Authoritarian Style

Normality Test for Authoritarian Style

Variables	Skewness	Kurtosis
Authoritarian Style (Normal)	1.245	1.816
Authoritarian Style (ADHD)	-0.453	-0.349

Results showed the Skewness and Kurtosis value as shown in Table [table:normality-authoritarian] for Authoritarian Style of Parenting for normal population to be 1.245 and 1.816 respectively and the Skewness and Kurtosis value for Authoritarian Style of Parenting for normal population to be -0.453 and -0.349 respectively.

Permissive Style

Normality Test for Permissive Style

Variables	Skewness	Kurtosis
Permissive Style (Normal)	0.750	0.921
Permissive Style (ADHD)	-0.187	-1.32

The Skewness and Kurtosis value for Permissive Style of Parenting as shown in Table [table: normality-permissive] for normal population was 0.750 and 0.921 respectively. The Skewness and Kurtosis value for Permissive Style of Parenting for normal population was -0.187 and -1.32 respectively.

Substance Abuse

Normality Test for Substance Abuse

Variables	Skewness	Kurtosis
Substance Abuse (Normal)	0.707	-0.144
Substance Abuse (ADHD)	0.408	0.364

The Skewness and Kurtosis value for Substance Abuse as shown in Table [table:normality-substance abuse] for normal population was 0.707 and -0.144 and for ADHD population it was 0.408 and 0.364 respectively.

Inference

Since all the values remain in between the range of -1.96 and +1.96, they fall within the range of normality therefore t-test can be done.

t-test

t-test for Problem Focused Coping Strategy

t-test for Problem Focused Method of Coping for Normal and ADHD Population.

Variable	Value of t	df	Significance
Problem Focused Coping Strategy	-1.649	58	0.105

Referring to the Table [table:t-test-problem focused], the obtained t value for participants using problem focused method of coping is -1.649. The degree of freedom when equal variances are assumed is 58. For problem focused coping it was observed that the level of significance for both the groups of participants was 0.105. Since the obtained value is not less than 0.05 level of significance; the data is calculated is found to be not significant.

The first hypothesis tested whether Parents of children without ADHD use more problem-focused coping strategies as compared to parents of children with ADHD. In lieu of the above

results, the first hypothesis was not verified. Hence, null hypothesis cannot be rejected, and hypothesis 1 cannot be accepted.

t-test for Emotion Focused Coping Strategy

t-test for Emotion Focused Method of Coping for Normal and ADHD Population.

Variable	Value of t	df	Significance
Emotion Focused Coping Strategy	8.171	58	0.000

Referring to the Table [table:t-test-emotion focused], the obtained t value for participants using emotion focused method of coping is 8.171. The degree of freedom when equal variances are assumed is 58. For problem focused coping it was observed that the level of significance for both the groups of participants was 0.000. Since the obtained value is less than 0.05 level of significance; the data is calculated is found to be significant.

The second hypothesis tested whether Parents of children with ADHD use more emotion-focused coping strategies as compared to parents of children without ADHD. In lieu of the above results, the second hypothesis was verified. Hence, null hypothesis can be rejected, and hypothesis 2 can be accepted.

t-test for Authoritarian Style

t-test for Authoritarian Style of Parenting for Normal and ADHD Population.

Variable	Value of t	df	Significance
Authoritarian Style	0.888	58	0.0378

Referring to the Table [table:t-test-authoratarian], the obtained t value for participants using authoritarian style of parenting is 0.888. The degree of freedom when equal variances are assumed is 58. It was observed that the level of significance for both the groups of participants was 0.0378. Since the obtained value is less than 0.05 level of significance; the data calculated is found to be significant.

The third hypothesis tested parents of children with ADHD use more authoritarian parenting style as compared to parents of children without ADHD. In lieu of the above results, the third hypothesis was verified. Hence, null hypothesis can be rejected, and hypothesis 3 can be accepted.

t-test for Permissive Style

t-test for Permissive Style of Coping for Parenting and ADHD Population.

Variable	Value of t	df	Significance
Permissive Style	-1.968	58	0.054

Referring to the Table [table:t-test-permissive], the obtained t value for participants using permissive style of parenting is -1.968. The degree of freedom when equal variances are assumed is 58. It was observed that the level of significance for both the groups of

participants was 0.054. Since the obtained value is at the 0.05 level of significance; the data is calculated is found to be significant.

The fourth hypothesis tested Parents having children without ADHD use more permissive parenting style as compared to parents of children with ADHD. In lieu of the above results, the fourth hypothesis was verified. Hence, null hypothesis can be rejected, and hypothesis 4 can be accepted.

t-test for Substance Abuse

t-test for the use of Substances as a method of Coping for Normal and ADHD Population.

Variable	**Value of t**	**df**	**Significance**
Substance Abuse	-3.43	58	0.001

Referring to the Table [table:t-test-substance abuse], the obtained t value for participants using substances method of coping is -3.43. The degree of freedom when equal variances are assumed is 58. For use of substances for coping it was observed that the level of significance for both the groups of participants was 0.001. Since the obtained value is less than 0.05 level of significance; the data is calculated is found to be significant. Therefore it was observed that Parents having children with ADHD tend to use substances more as a method of coping as compared to the Parents having children without ADHD from the given sample.

DISCUSSION

The purpose of the present study was to examine whether there is a difference with respect to the coping strategies and parenting styles used by parents having children with ADHD and parents having children without ADHD. This study is important as there is a need for greater understanding of the relationship between parenting styles and levels of ADHD symptoms as they might be the positive influence necessary in developing parenting and treatment programs and reducing improper treatment of children with ADHD behaviours. The implications of negative parenting styles on a child's ability to become a positive member of society may impact society on many different levels (Kerns, Eso, and Thompson (1999); Ryan, Boxmeyer, and Lochman (2007)). This study is also important as the knowledge gained as a result of this research can be used to develop parenting and treatment programs for parents with children diagnosed with ADHD who struggle to positively influence their children behaviours and to enhance already existing programs aimed at preventing child abuse and increase the quality of education, while decreasing the financial strain on academic programs in our country as they address children diagnosed with ADHD and special needs. The first hypothesis was parents of children without ADHD use more problem-focused coping strategies as compared to parents of children with ADHD. The statistical result obtained was not in line with the hypothesis.

The results obtained of the present study corroborate with a study done by Judge et al. (1998) that examined the relationship between parental coping strategies and family strengths in 69 families with young children with ADHD. Family strengths referred to a sense of control over life events, seeing change as beneficial and active management in the face of stress. Judge et al. (1998) found that parents used a variety of coping strategies, the most common being problem-focused strategies involving seeking social support, actively solving the problem, and maintaining a positive outlook on life. Parents also used various programs to assist the child with school-related activities along with parent counselling and parent training in behavior modification techniques (Ra 1990). Research has shown that treatment from this perspective is often effective in reducing ADHD symptoms (Ra 1990). Therefore it was observed that parents having children with ADHD used problem focused methods of dealing with their difficulties as a method of effective coping. The above stated past research collaborates with the hypothesis and results of the present research.
The second hypothesis was parents of children with ADHD use more emotion-focused coping strategies as compared to parents of children without ADHD. The statistical result found was in line with the second hypothesis and also in line with past studies.

The results of the present study corroborate with the study done on coping strategies that were investigated among parents with children diagnosed with ADHD. These studies generally found that parents tended to use fewer adaptive coping and more maladaptive coping strategies that resulted in worse outcomes (Cunningham, Benness, and Siegel 1988). One of the mal-adaptive methods of coping included the use of substances to alleviate stress. As the parents resorted to use of substances to reduce stress levels this was classified under emotional focused methods of coping. Cunningham, Benness, and Siegel (1988) reported in their study of parents of ADHD children that fathers were more likely than the mothers to use

alcohol as a coping strategy. In the current study it was observed that there was a significant difference in the levels of substance use by parents having children with ADHD as compared to parents having children without ADHD. Perhaps the parents resorted to use of alcohol as a method of coping with their stress of rearing a child with ADHD. In another study done by Mckee et al. (2004) found that mothers of ADHD children who reported being depressed were more likely to use avoidant-focused coping styles, less adaptive-focused coping styles, and sought social support less often.

In the current study certain observations were made with respect to the population under study. A certain preoccupation with the concept of 'respect' was observed within the parents, where the child's "disrespectful behaviours" were viewed as personal affront to the parent, rather than as a symptom of attention or hyperactivity. Therefore the parents were often troubled by what they believed to be misbehaviours of their child rather than symptoms of the prevailing disorder. The parents stated that they often coaxed themselves, spoke to their partners or parents to vent out their emotions and some even stated that they consoled themselves by telling themselves that it was a phase that the child would grow out of. All of these fall under the criteria of emotion focused coping strategies that the parents stated that they used.

The sample in this study also revealed that they had to overcome the attitudinal factors that expressed themselves in the false cultural myths about ADHD and the guilt or shame they often internalized upon learning of the diagnosis. Therefore it was observed that the population under study revealed that they had to use various emotional focused coping strategies to overcome their own negative beliefs in dealing with the disorder. The above stated past research along with observations of the present study collaborated with the hypothesis and results of the present research.

Therefore it was observed that parents having children with ADHD were undergoing far greater levels of stress and were therefore required to resort to a greater use of coping strategies as compared to parents having children without ADHD. Parents having children with ADHD used more problem focused coping techniques in dealing with their children as compared to parents having children without ADHD so that their children would receive adequate social skills and behaviour modification training to help them cope effectively. It was also observed that the parents having children with ADHD used more emotion focused coping techniques in dealing with their own stress as compared to parents of children without ADHD. They did this by overcoming their own fears with reference to ADHD and the future prospects of their children by using methods of positive reappraisal of their situation or escape avoidance which included avoidance of thoughts in relation to their children that would cause distress to them.

The third hypothesis was parents of children with ADHD use more authoritarian parenting style as compared to parents of children without ADHD. The statistical result obtained was in line with the hypothesis.

Authoritarian parenting is a parenting style characterized by high demands and low responsiveness. Parents with an authoritarian style have very high expectations of their children, yet provide very little in the way of feedback and nurturance. Mistakes tend to be punished harshly. When feedback does occur, it is often negative. Yelling and corporal punishment are also commonly seen in the authoritarian style.

The results obtained corroborate with the findings obtained in the study done by Alizadeh, Applequist, and Coolidge (2007) in which they studied parental self-confidence, warmth, parenting styles and involvement and the use of corporal punishment in families of children with ADHD. They found a significant relationship between parents of children with ADHD and parental confidence; these parents were more likely to respond to inappropriate behaviours with corporal punishment. Alizadeh, Applequist, and Coolidge (2007) also found that parents with increased levels of parental self confidence also used corporal punishment when their children exhibited inappropriate behaviours.

In another study done by Tancred and Greeff (2015) on mothers' Parenting Styles and the Association with Family Coping Strategies and Family Adaptation in Families of Children with ADHD. Significant positive correlations were found between dimensions of the mothers' having children with ADHD and authoritarian parenting style.

In a study done by Yousefia, Soltani, and Abdolahian (2011) in which the aim of the study was to compare parenting stress and parenting styles among Mothers with ADHD children and normal children. It was found that authoritarian parenting style of the mothers of ADHD children is more than the mothers of normal children. These findings approve Ra (1990) that the negative, demanding and critical behaviour of the parents are a reaction against ADHD disorder.

The fourth hypothesis parents having children without ADHD use more permissive parenting style as compared to parents of children with ADHD. The statistical result found was in line with the fourth hypothesis and also in line with past studies.

In the study done by Moghaddam et al. (2013) on comparing parenting styles of children with ADHD and normal children done by it was found that the parents of ADHD children have lower permissive score than the normal group, but authoritarian score was lower in the normal group. The results indicated that parents of children with ADHD are less permissive but more authoritarian in their parenting. Therefore it was observed that parents having children without ADHD tend to use far greater methods of permissive parenting as compared to parents having children with ADHD.

Therefore it was observed that parents having children with ADHD used more authoritarian parenting styles which were characterized by high demands of the parents from their children while simultaneously showing very little responsiveness to the needs of their children. These parents had high expectations from their children and provided very little in terms of nurturance or feedback to their children. Parents having children with ADHD also scored

much lesser on the category of permissive parenting as compared to the scores of parents having children without ADHD as permissive parenting involved high responsiveness to the child and low levels of expectation from their child which was not observed from the sample under study.

The research also revealed additional information as the coping scale provided a measure of the use of substances as a method of coping with stress. It was observed that there was a significant difference in the extent to which the parents of the children of the two groups consumed substances as a method of coping. It was observed that parents having children with ADHD tend to use substances more as a method of coping as compared to the Parents having children without ADHD from the given sample.

A study found corroborated with the findings obtained in various studies. Alcohol and other substance disorders occur at greater rates among the parents of children with ADHD (Biederman J et al. 2008). Children of parents with substance disorders are more likely to have ADHD or ADHD symptoms (R et al. (1998); M. Mm et al. (2009)) or to score higher on temperament or personality traits that include dimensional expressions of ADHD symptomatology such as impulsivity (Ed et al. (2011); K. Sm et al. (2009); M. Mm et al. (2009); Bs, Je, and Ka (2010); T. Re et al. (2004)).

The study done by Pelham et al. (1998) on the mothers of ADHD children showed that subjects' self reported drinking levels (i.e., number of drinks per occasion) and self reported alcohol problems correlated highly with stress-induced drinking measured as a method of coping with the stress induced due to the problematic behaviour of their children. Thus, the laboratory findings provide strong support for the hypothesis that among mothers of ADHD children, routine drinking and drinking problems are at least in part a response to the daily stress of coping with their children.

Another study demonstrated that problematic child behavior can influence drinking behavior regardless of parent gender. Among the mothers studied, interactions with deviant children had the largest impact on single mothers, who have also been shown to be particularly vulnerable to numerous stressors, including parenting difficulties (Weinraub and Wolf 1983) and drinking problems (S. C. Wilsnack and Wilsnack 1993).

Limitations

The constricted nature of the sample size is one of the major limitations of the study. As it was a convenience sample which possibly could not be representative of the population from which it was drawn. The location or area in which participants were recruited is also a limiting variable in this study. The participants were only interviewed in the city of Mumbai.

The use of self-report measures can be another limitation of this study. Self report measures can have validity problems as people can exaggerate, minimize or misremember the information that they are providing. The participants may also try to respond in a socially

desirable manner. Social desirability occurs when the participants respond with the intention of pleasing the researcher (Paulhus and Williams 2002).

The participants in the current study were discussing sensitive issues such as their parenting abilities and the well-being of their children, therefore they may have felt some pressure to emphasize positive behaviours and under report problematic concerns.

Language was a limitation of this study as the questionnaire given to these parents were in English therefore excluding potential participants who could not speak in English. As a result of this restriction, the study was not able to examine the viewpoint of perhaps less acculturated parents and hence narrowed the sample variation.

This study relied upon the descriptions of the parenting from the perspective of the parent; this could potentially be biased.

Treatment Implications

The suggested treatment for the best prognosis in managing ADHD is multimodal treatment interventions, which for many parents is an obstacle both financially and logistically. High on the list of interventions techniques for ADHD parents is parent management training (PMT) (JK, MG, and L 2009), which incorporates education on parenting styles and communication skills.

Something that all the parents did report helping with the stigmatization of both accepting the diagnosis and coming out to their families was education about ADHD. This could be accomplished in the form of workshops within the school setting, community organized events or pamphlets provided by paediatricians. Results from this study have implications for intervention planning. Interventions must address and include the following program elements:

1. Aid mothers and fathers in identifying personal stress and coping strategies.
2. Train parents to rely increasingly on effective coping strategies and less on ineffective coping strategies.
3. Teach families how to access and foster formal (e.g., community professionals, respite services) and informal (e.g., extended family, friends) social supports.
4. Identify and assess essential parent skill sets and provide necessary training (e.g., anger management, organization skills).

Directions for Future Research

Future research needs to be conducted to identify the coping strategies parents might find unique, rather than common, methods of dealing with, stressful situations, then qualitative research methods might be more appropriate for exploring parents' coping efforts.

Interviews may be a useful method for exploring parents' stories of coping efforts. Future research should pay careful attention to design, expanding knowledge of how parents of children with ADHD cope, the developmental process of ADHD, and family impact. More specifically:

1. Incorporate multiple sources of information (e.g., teacher, friend) and multiple measures of stress and coping (e.g., parent tabulations, direct observation).
2. Identify which coping strategies reduce stress in a timely manner.
3. Large-scale investigation to determine whether gender differences in coping exist for parents of children with ADHD.
4. Examine qualitative differences in stress and coping between parents of children with ADHD and without ADHD.
5. Recruit sufficient participants to permit meaningful analysis of possible differences in stress and coping on the parents based on child age, for example children could be recruited and grouped according to preschool, elementary, and high school ages. This could be done to check whether parental stress reduced as the child grew older and whether parenting styles used in childhood had impacted the children in negative ways as they grew older.
6. Identify the developmental pathway of ADHD and its impact on families over time.

CONCLUSION

The purpose of the study was to assess the difference with respect to parenting styles and coping strategies among parents of children with ADHD as compared to parents with children without ADHD. The findings indicate that parents of children with ADHD use more emotion focused coping strategies as well as problem focused strategies in dealing with their stress as compared to parents of children without ADHD. It was also found that parents having children with ADHD use more authoritarian parenting styles as disciplinary techniques for their children having ADHD. The results obtained are in line with the hypothesis and past research.

APPENDICES

1. Demographic Details
2. Consent Form
3. COPE
4. Parenting Styles and Dimensions Questionnaire

DEMOGRAPHIC DETAILS

1. Name:
2. Age:
3. Gender:
4. Occupation:
5. If working, since how many years:
6. If working, annual personal income (Tick one):
    1. Less than 1,00,000 per annum
    2. Less than 5,00,000 per annum
    3. Less than 10,00,000 per annum
    4. More than 10,00,000 per annum
7. Annual family income (Tick one):
    1. Less than 1,00,000 per annum
    2. Less than 5,00,000 per annum
    3. Less than 10,00,000 per annum
    4. More than 10,00,000 per annum
8. Mother tongue:
9. Other languages known:
10. Education:
11. No. of members in the house:
12. No. of children:

Consent Form

Assessing the difference in parents having children with ADHD and parents having children without ADHD, with respect to parenting styles and coping strategies.

Introduction

This research study is being conducted by Munira Nulwalla at Maniben Nanavati Women's College (affiliated to S.N.D.T. University) to determine difference in parents having children with ADHD and parents having children without ADHD, with respect to parenting styles and coping strategies.

Procedure

You will be asked to complete the questionnaires given to you manually. There are two scales first consisting of 60 items, second consisting of 32 items.

Risks/Discomforts

There are minimal risks for participation in this study.

Benefits

There are no direct benefits to participants. However, it is hoped that your participation will help the researcher learn more about the difference in parents having children with ADHD and parents having children without ADHD, with respect to parenting styles and coping strategies.

Confidentiality

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including questionnaires will be kept in a secure location and only those directly involved with the research will have access to them. After the research is completed, the questionnaires will be destroyed.

Participation

Participation in this research study is voluntary. You have the right to withdraw anytime or refuse to participate entirely without jeopardy to your person.

Questions about the Research

If you have questions regarding this study, you may contact Munira Nulwalla on **munira_nulwalla@hotmail.com**

For the Participant

I have read, understood, and received a copy of the above consent form and hereby agree, of my own free will and volition, to participate in this study and provide the information as required by the researcher.

Signature of Participant:

Date:

Place:

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no “right" or “wrong" answers, so choose the most accurate answer for YOU–not what you think “most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1. = I usually don’t do this at all
2. = I usually do this a little bit
3. = I usually do this a little bit
4. = I usually do this a lot
1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself “this isn’t real.".
7. I put my trust in God.
8. I laugh about the situation.
9. I admit to myself that I can’t deal with it, and quit trying.
10. I restrain myself from doing anything too quickly.
11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.
14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God’s help.
19. I make a plan of action.
20. I make jokes about it.
21. I accept that this has happened and that it can’t be changed.
22. I hold off doing anything about it until the situation permits.
23. I try to get emotional support from friends or relatives.
24. I just give up trying to reach my goal.
25. I take additional action to try to get rid of the problem.
26. I try to lose myself for a while by drinking alcohol or taking drugs.
27. I refuse to believe that it has happened.
28. I let my feelings out.

29. I try to see it in a different light, to make it seem more positive.
30. I talk to someone who could do something concrete about the problem.
31. I sleep more than usual.
32. I try to come up with a strategy about what to do.
33. I focus on dealing with this problem, and if necessary let other things slide a little.
34. I get sympathy and understanding from someone.
35. I drink alcohol or take drugs, in order to think about it less.
36. I kid around about it.
37. I give up the attempt to get what I want.
38. I look for something good in what is happening.
39. I think about how I might best handle the problem.
40. I pretend that it hasn't really happened.
41. I make sure not to make matters worse by acting too soon.
42. I try hard to prevent other things from interfering with my efforts at dealing with this.
43. I go to movies or watch TV, to think about it less.
44. I accept the reality of the fact that it happened.
45. I ask people who have had similar experiences what they did.
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.
47. I take direct action to get around the problem.
48. I try to find comfort in my religion.
49. I force myself to wait for the right time to do something.
50. I make fun of the situation.
51. I reduce the amount of effort I'm putting into solving the problem.
52. I talk to someone about how I feel.
53. I use alcohol or drugs to help me get through it.
54. I learn to live with it.
55. I put aside other activities in order to concentrate on this.
56. I think hard about what steps to take.
57. I act as though it hasn't even happened.
58. I do what has to be done, one step at a time.
59. I learn something from the experience.
60. I pray more than usual.

PARENTING STYLES AND DIMENSIONS QUESTIONNAIRE

For each item, rate how often you exhibit this behaviour with your child.

1. = Never
2. = Once in a while
3. = About half of the time
4. = Very often
5. = Always

1. I am responsive to my child's feelings and needs.
2. I use physical punishment as a way of disciplining my child.
3. I take my child's desires into account before asking him/her to do something.
4. When my child asks why he/she has to conform, I state: because I said so, or I am your parent and I want you to.
5. I explain to my child how I feel about the child's good and bad behavior.
6. I spank when my child is disobedient.
7. I encourage my child to talk about his/her troubles.
8. I find it difficult to discipline my child.
9. I encourage my child to freely express (himself)(herself) even when disagreeing with me.
10. I punish by taking privileges away from my child with little if any explanations.
11. I emphasize the reasons for rules.
12. I give comfort and understanding when my child is upset.
13. I yell or shout when my child misbehaves.
14. I give praise when my child is good.
15. I give into my child when the child causes a commotion about something.
16. I explode in anger towards my child.
17. I threaten my child with punishment more often than actually giving it.
18. I take into account my child's preferences in making plans for the family.
19. I grab my child when being disobedient.
20. I state punishments to my child and do not actually do them.
21. I show respect for my child's opinions by encouraging my child to express them.
22. I allow my child to give input into family rules.
23. I scold and criticize to make my child improve.
24. I spoil my child.
25. I give my child reasons why rules should be obeyed.
26. I use threats as punishment with little or no justification.
27. I have warm and intimate times together with my child.
28. I punish by putting my child off somewhere alone with little if any explanations.
29. I help my child to understand the impact of behavior by encouraging my child to talk about the consequences of his/her own actions.
30. I scold or criticize when my child's behavior doesn't meet my expectations.

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